

ACCOUNTING PROCEDURE

TOPIC: Section 15--Contract Administration 4.0	EFFECTIVE DATE: 6/27/91
TITLE: Standard Procedures for Developing, Issuing and Processing Aids Contracts	REVISION DATE: 1/26/05
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BACKGROUND

Standard procedures for developing, issuing and processing aids contracts are necessary to ensure that:

- contracts comply with legal requirements and good business practices
- payments against contracts are accurate and timely
- responsibilities and due dates are clearly assigned and understood
- information is shared between parties involved in the contracting process in an efficient, timely and effective manner
- the number of errors and amount of rework required are held to a minimum

Related policies and procedures are listed in "References" section

POLICIES

1. All Department of Health and Family Services (DHFS) employees involved in the contracting process are responsible for ensuring that contracts are effective, enforceable, conform to DHFS standards, and are in accordance with applicable state and federal laws and regulations.
2. Payments shall be made only against properly completed, signed and dated contracts for which funding has been identified and reserved or for which sufficient future funding is reasonably anticipated within the contract period.
3. Payments shall be made only in accordance with DHFS policy and contract provisions.

4. Prior to issuing aids contracts to agencies (governmental, non-profit or for-profit organizations), contracting divisions shall submit to the Bureau of Fiscal Services (BFS) for review and approval the pre-contract packets which include:
 - a. information on the agencies with which they intend to contract (DMT-891),
 - b. the contract language to be used,
 - c. intended funding information (DMT-890).

Substitute forms and formats which provide the necessary information in a useable fashion are allowed with prior written approval from the BFS Processing Section Chief or the BFS Deputy Director.
5. Review of the materials provided will be completed by BFS as soon as possible but not later than 13 working days if funding source information is included. If funding source is not identified, processing will occur within 15 working days. Written acceptance or non-acceptance of the materials will be communicated, with comments, to the contracting division by BFS. A log of all materials submitted shall be maintained by BFS.
6. Amendments and addenda are changes to contracts. Except where specifically noted the same policies and procedures apply to amendments or addenda as apply to original contracts.
7. Contract Reductions: For contract amendments that only reduce the contract amount, the pre-packet should include the amendment(s) signed by all required parties.

Applicability

These procedures apply to all aids and aids-type contracts issued by DHFS including, but not limited to, consolidated state/county contracts and contracts with tribes, other municipalities, non-profit agencies, for-profit agencies and other state agencies. Questions on whether a contract is an aid or aid-type contract should be directed to the BFS Accounts Payable/Billing & Collections Section Chief.

Detailed Divisional Procedures

Contracting divisions are strongly encouraged to develop and publish more detailed procedures, consistent with these procedures, defining how the contracting process is implemented within their respective divisions. Necessary information includes, but is not limited to, clear assignment of responsibilities for each step in the process, detailed time line and/or due dates, designation of a division contract coordinator and/or contracting expert(s), logging or tracking procedures, quality control and review procedures.

Division Contacts

The Bureau of Fiscal Services will route pre-contract packet approval notice to the person in the Program Division whose name appears on the pre-contract packet or their designee. Adequate back up should be assigned in the contracting divisions.

PROCEDURES

A. Prior to Issuing Contracts to Agencies

The following procedures must be completed prior to issuing contracts to agencies:

1. Contracting divisions shall assemble pre-contract information for submission to BFS. The required pre-contract information includes:

- proposed contract language, if other than Department standard language
- listing of Expected Contracts (DMT-891)
- profile ID Request (DMT-881), for new or changed profiles only
- information on intended funding, (DMT-890)

Along with the pre-contract information, please submit to BFS other documentation when necessary to clarify the purpose of the contracts, justify non-standard contract language or support the use of, or request for, specific profiles. Such information includes correspondence between BFS and the contracting division, notes from meetings on the contracts, etc.

- a. **The draft contract.** A copy of the draft contract, if other than Department standard language, should be provided. Manuals referenced by the contract should not be provided. When access to a referenced manual is needed as part of the review, BFS staff will contact the division contract coordinator and arrange access to the manual.

If necessary to complete the pre-contract review, BFS staff will contact the divisional contact person and make arrangements to review additional information/materials.

If a uniform contract shall be used for all agencies, only one copy of the proposed contract should be submitted. If different contracts will be used for different agencies or types of agencies, please provide each version with the agencies or types of agencies clearly identified. Some sections of the draft contract should be left blank, including agency specific information and contract amounts.

CARS profile numbers should be filled in, if known. If the profile number is not known, contact BFS CARS staff for a profile ID number.

Written justification should be provided for draft contract language that is not consistent with the model contract language contained in [Section 15, Contract Administration 2.0](#) (Required Standard Contract Language). The justification should explain the variation in contract

language; the good business reason that necessitates the variation and how adequate control of state and/or federal funds is maintained.

Exceptions: The Consolidated State/County and the State/Tribal contracts are not subject to [Section 15, Contract Administration 2.0](#) (Required Standard Contract Language). The negotiation and approval process for these contracts constitutes approval of contract language under this policy.

When a standard contract or series of contracts have been developed and approved by a division and accepted by BFS, the division may indicate the contract being used by form number or other appropriate identifier. The draft contract need not be provided although information on the purpose of the contract should be included.

- b. **Profile Expense/Budget Summary (Form DMT-890).** Funding source and summary information for the contracts needs to be identified on the Profile Expense/Budget Summary (DMT-890, Attachment 1). The DMT-890 is required whenever payments are to be made on a profile that includes, but is not limited to:

- Any type E (Sum Sufficient) profile even if the contract amount is zero
- Any type F (Contract Controlled) profile where a contract amount greater than zero is to be used in the CARS system

Submit one DMT-890 for each profile. If a pre-packet includes two payment profiles, two DMT-890 forms are required.

The Total of All Funds should equal the total anticipated amount for the prepacket amounts for that profile as indicated on the related DMT-891.

Instructions for completion of the DMT-890 are included as Attachment 2.

- c. **Listing of Expected Contracts (Form DMT-891).** Information about anticipated agencies and contract levels shall be submitted on the Listing of Expected Contracts (Attachment 3). The DMT-891 is required whenever a contract level is needed to process payments to agencies, which includes, but is not limited to:

- Any type E (Sum Sufficient) profile. The list should include all agencies to which payments should be made through CARS if expenses are

reported and/or allocated to that profile. The listing should include a zero contract level to indicate payment to be made. A BLANK IN THE AMOUNT COLUMN MEANS NO CONTRACT AND NO PAYMENTS WILL BE MADE.

- Any type F (Contract Controlled) profile required for payment processing which includes profiles required to collect fiscal information and the costs roll to a different Profile for payment.

Instructions for completion of the DMT-891 are included as Attachment 4.

If the contracts include more than one profile, divisions must prepare separate listings for each profile. Prior to use in the contract review process, the BFS Processing Section Chief, may approve substitute formats such as shown on Attachment 5.

The DMT-891 form must be used when submitting a prepacket. Submitting the DMT-891 electronically is preferred and will expedite processing but is not required. The listing should be updated during the contract process as necessary, i.e. as agencies and/or amounts change.

If an agency is not set up in CARS and therefore has not been assigned an agency number, the contracting division shall request that the BFS Vendor Validation Coordinator set up the agency in CARS. Agencies not in FMS shall be set up following established FMS procedures. Direct requests for information on the proper agency type code to the BFS CARS Unit.

- d. **Reservation of funds.** Budget documents will be prepared and entered by BFS.
- e. **Profile ID Request (Form DMT-881).** Profile reporting instructions and information about how financial information is to be processed in CARS shall be submitted on the Profile ID Request (Attachment 6). A separate Profile ID Request shall be submitted for each new or changed profile contained in the contract. Requests to use existing profiles or to use a specific number assignment will be evaluated by the BFS CARS Unit based on contract terms, profile attributes and system operations. Whenever possible, division requests for specific profile number assignments will be accommodated. However, divisions should NOT use profile numbers until the pre-contract materials are approved and the CARS Unit assigns the profile numbers.

If the profile request involves rolling or allocating to a profile funded by another contracting division, the

requesting division must obtain written approval from the division that "owns" the funding profile. The approval may be written on the bottom of the DMT-881 or be included as a separate document in the pre-contract packet.

Profile reporting instructions shall be provided for all new and changed profiles. The contracting division shall complete the DMT-881 and submit as part of the pre-contract packet. Approval of the prepacket includes approval of the Profile ID.

Instructions for completion of the DMT-881 are included as Attachment 7.

For profiles included in the Consolidated State/County Contract, BFS will issue the instructions to counties annually in the *CARS Accounting Reports Manual*. BFS will request updates to reporting instructions for the manual annually. For all profiles other than those identified in the *CARS Accounting Reports Manual*, the contracting division is strongly encouraged to issue the instructions to the agencies with which they are contracting.

2. The contracting division shall deliver by Inter-D or USPS mail, hand carry, or via e-mail all required items as listed in Procedures A. 1. to the BFS Aids Contract Coordinator. E-mail is preferred and will expedite processing, but is not required.
3. The BFS Aids Contract Coordinator shall, as soon as possible but not more than 13 working days (if funding source is provided), or 15 working days (if funding source is not provided), coordinate the BFS review of the materials and notify the divisional contact person, in writing, of acceptance of the materials or needed changes. When changes are needed, BFS shall, to the extent possible, provide guidance on how to make the change, including, but not limited to, alternative acceptable contract language, or alternative funding. Minor changes may be made by telephone.

The BFS Aids Contract Coordinator shall return to the divisional contact person either (1) approval to issue contracts or (2) a written explanation of changes needed before contracts may be issued. The explanation should identify all changes needed and to the extent possible, include draft corrections needed to make the materials acceptable (i.e. contract language changes, corrected funding, etc.). By specific division request, when a new profile number has been established or existing profile number changed, a copy of the keyed profile request shall be sent as a confirmation copy to the contracting division with the pre-packet approval.

B. Processing contract pre-packets when corrected and returned to BFS

1. After making all necessary changes, the contracting division shall return the pre-contract materials to the BFS Aids Contract Coordinator. Procedures A. 1. and A. 2. above shall be followed for re-submitting materials.
2. The BFS Aids Contract Coordinator shall log in the materials received and shall review, within two working days, the materials to determine, based on the changes made, whether they need to be reviewed by other BFS sections or if the material can be accepted for processing.

Resubmitted materials requiring review by other BFS sections will be processed in accordance with A. 3.

C. Divisional Procedures

Divisions are strongly encouraged to develop and document divisional procedures for issuing contracts to agencies after pre-contract materials have been approved, to encourage timely issuance, signing, and processing of contracts.

D. Processing signed contracts

Properly completed, signed contracts should be maintained in the contracting division and processed as described below in procedures 1. a. through c.

1. Upon completion of the contracting process, divisions shall select one of the three options below and transmit the necessary materials to the BFS CARS Unit, Attention Contract Entry:
 - a. One copy of the contract summary sheet(s)(DMT-882), Attachment 8 (the instructions for form DMT-882 are included in Attachment 9), or
 - b. A copy of the signature page and the page containing summarized contract specific information; including agency name, number and type code, profile numbers, names and amounts, contract start and end dates and division reference information which may be of assistance in identifying the contract, or
 - c. A listing of signed contracts received by the contracting division, provided that the listing contains an assurance that contracts received are complete and contain summarized contract specific information; including agency name, number and type code, profile ID (number and name) and amount. The listing should be in agency order, signed and dated by the person responsible for certifying this information.

The layout of this listing must support entry of the information into the CARS system and be approved prior to

use by the contracting division and by the BFS Processing Section Chief. Listings may include multiple profiles and agencies, however, the contract period must be the same for all profiles included on this listing.

2. Both DHFS and the grantee agency must sign initial contracts and most contract addenda. Unilateral addenda/contract supplements require only an authorized DHFS signature.
3. The CARS Unit shall enter the contract specific information into the CARS system. A schedule of planned cut-offs and run dates is included as Attachment 10 to this bulletin. Completed materials received on or before the cut-off shall be included in the scheduled run. Materials received after the scheduled cut-off, and prior to the run, may be entered as time permits at the discretion of the BFS CARS Unit.

Contracting divisions which expect to miss a cut-off should contact the BFS Processing Section Chief as soon as they reasonably expect that the cut-off will be missed. The BFS Processing Section Chief shall determine whether acceptance of materials after the due date is realistic, given processing workload and deadlines. To the extent possible, preference for entry of late materials shall be given to those units that provide an "early alert." This does NOT mean that providing an "early alert" will guarantee entry of late materials.

4. The contracting division has the responsibility for canceling contracts that are approved and pending. Materials to be submitted to the BFS Aids Contract Coordinator should include a cover letter stating that a previously submitted pre-contract packet has been revised, a revised schedule, and a DMT-890 showing the revision amount.

The CARS Contract Pending List on the DHFS Intranet is located at <http://dhfsweb/fiscal/cars/index.htm>.

5. Two Excel workbooks have been created that contain the CARS related forms referenced in this APP release. The workbooks are located on the Internet at <http://dhfs.wisconsin.gov/forms/DMTNum.asp>. The workbook named DMT_890_891_BD_WORKBOOK.xls contains the DMT-890, DMT-891, DMT-115 and DMT-115A forms. The second workbook named DMT_890_891_BD_COUNTY_WORKBOOK.xls also contains these forms, in addition to the DMT-891-CO form.

Workbook must be e-mailed to: *HFSCARSPrePacket@dhfs.state.wi.us

ATTACHMENTS

1. Profile Expense/Budget Summary (DMT-890)(2 pages)
2. Instructions for DMT-890 (2 pages)
3. Listing of Expected Contracts (DMT-891)(2 pages)
4. Instructions for DMT-891

5. Sample of substitute format of DMT-891 (3 pages)
6. Profile ID Request (DMT-881)
Page one - <http://dhfs.wisconsin.gov/forms/dmt/dmt0881.doc>
Page two - <http://dhfs.wisconsin.gov/forms/dmt/dmt0881a.doc>
7. Instructions for DMT-881
8. Contract Summary (DMT-882) <http://dhfs.wisconsin.gov/forms/dmt/dmt0882.doc>
9. Instructions for DMT-882
10. CARS Processing Dates
11. Operating Budget (DMT-115)(2 pages)
12. CARS Funding Guide

Forms DMT-890, DMT-891, DMT-891-CO, DMT-115, and DMT-115A can be found on the Department Forms Library at <http://dhfs.wisconsin.gov/forms/DMTNum.asp>.

REFERENCES

Administrative Directive 70.1, (Delegation of Authority to Division Administrators to Enter into and Administer Grants and Aids Contracts)
<http://dhfsweb/resources/directives/index.htm>

DHFS APP Section 15, Contract Administration 2.0 (Required Standard Contract Language) for contracts other than the Consolidated State/County and State/Tribal contracts.

CARS Manual <http://dhfs.wisconsin.gov/bfs/cars/index.htm>

CONTACTS

BFS Aids Contract Coordinator

Ron McCormick
Processing Section
(608) 267-9561

BFS CARS Processing

Debe Lavasseur
Processing Section
(608) 267-9577

Cindy Freidel, Chief
Processing Section
(608) 266-0662

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

DMT-890 (Rev. 1/03)

STATE OF WISCONSIN

Contract Administration 4.0

PROFILE EXPENSE / BUDGET SUMMARY

CARS Use Only		Form to be completed by Division				Contracting Division			
CARS Log Number	Type of Contract <input type="checkbox"/> New <input type="checkbox"/> Change of Time <input type="checkbox"/> Change of Amount	Program Name			DCFS	<input type="checkbox"/>	DMT	<input type="checkbox"/>	
					DSL	<input type="checkbox"/>	DOA	<input type="checkbox"/>	
					DPH	<input type="checkbox"/>	DHCF	<input type="checkbox"/>	
Contract Period All contracts within a profile should have the same time period.				OSF	<input type="checkbox"/>	TCB	<input type="checkbox"/>		
Beginning Ending	PROFILE ID Number			PROFILE Name					
Funding Source / FMS: Enter as much as you know, appropriation number(s) are most important									
This section is for program division staff to identify the funding source. BFS staff will prepare the budget document to transfer the budget into the CARS payment RA. The sum of all funds MUST equal prepaket. Please contact the BFS monitoring account	Appn	FMS Budget Account	Center			Amount	Comments		
Total of All Funds									
Purchasing RGA / RIA / RPA Number			Purchases & Services Section - Date and Initials						
			<input type="checkbox"/> In Process <input type="checkbox"/> Received Date _____						

Division Contact

Telephone Number

Date Prepared

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

DMT-890 (Rev. 1/03)

STATE OF WISCONSIN

Contract Administration 4.0

PROFILE FUNDING SUMMARY

Page 2

To be completed by BFS

Division (OPTIONAL)

PROFILE Name

PROFILE ID Number

Type of Contract

11

New

11

Change Time

11

Change Amount

Has the funding split changed?

YES

NO

CARS Use Only

CARS Log Number

BFS Approval Date

Budget DOC Number	
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FUNDING TABLE DETAIL

Contract Period

BEGINNING

ENDING

FUNDING TABLE DETAIL (Funding period MUST be within contract period)

Appn	Funding Period		Center			Amount	Comments / BFS Initials
	From	To					
Contract Total						-	

CARS VOUCHER TABLE CODING DETAIL

DARS VOUCHER TABLE CODING DETAIL							
Appn	Voucher Table Account	Center			SL3	Percent of all Funds	Comments / BFS Initials
TOTAL							

(Issued 2/03)

Instructions for Forms DMT-890 and DMT-891

DMT-890 page 1 and 2, DMT-891 page 1 and 2, and DMT-115 Budget Form page 1 & 2 are six individual worksheets within one Excel file. Worksheet DMT-890 Page 1 is the responsibility of the contracting division to complete. Worksheet DMT-890 Page 2 is to be completed by Program and Federal Accounting Section (PFA) or Community Aids Unit (CAU) in BFS. Worksheet DMT-891 Page 1 and Page 2, Listing of Expected Contracts, are to be completed by the contracting division. Operating Budget Form DMT-115 worksheet page 1 and page 2 contains FMS budget transactions and is to be completed by PFA, CAU or the contracting division. To use auto-fill feature, you must use online worksheets. Otherwise, it is necessary to key information in all fields.

Instructions for Completion of Form DMT-890

Profile Expense Budget Summary (worksheet DMT-890 Page 1)

FIELD NAME	INSTRUCTIONS
CARS Log Number	Log number assigned by CARS Unit.
Contract Period	Enter beginning and ending date of contract (MMDDYY)
Type of Contract	Identify whether contract is new, change of time, and/or change of amount.
Program Name	(optional) Identify program name, i.e, CSBG, rather than program as identified on CARS that refers to program providing funds
Contracting Division	Check box identifying division responsible for issuing contracts.
Profile ID Number	Enter CARS Profile ID number (maximum six characters).
Profile Name	Enter CARS Profile Name (maximum 25 characters) as it appears on CARS reports.
Funding Source/FMS	<p>Enter as much FMS coding as you know. <u>Appn</u>: 3 digit FMS appropriation code <u>FMS Budget Account</u>: 6 digit summary budget account <u>Center</u>: 10 digit FMS appropriation center (4 digit sublevel 1 & 2, 3 digit project, 3 digit Responsibility Area code) <u>Amount</u>: Total funds to be budgeted for this prepaket. <u>Comments</u>: If needed, use for additional information.</p> <p>Funding Source (D*)—Enter the Appropriation, Project, and R/A the funding source came from. BFS needs to know which funds the program plans to use for the contracts in order to reserve budget and ensure sufficient funding. This may be done either by: (a) specifying the program funds to be used , or (b) specifying the appropriation and center (project) codes, breaking funding between which is current and which will be available (for example a subsequent state or federal fiscal year).</p>
Total of All Funds	Excel calculated.
Purchasing RGA/RIA/RPA Number	Enter the number of: - Request for Granting Authority, or - Request for Interagency Agreement, or - Request for Purchasing Authority.
Purchases & Services Section Date and Initials	To be completed by Purchases & Services Section staff, indicating whether the request for authority or agreement is in process or has been received. Date & initials of staff approval.
Division Contact Telephone Number Date Prepared	Name of person to be contacted if there are questions. Phone number. Date form prepared/submitted.

(Issued 2/03)

Instructions for Completion of Form DMT-890, Page 2

Profile Expense Budget Summary (worksheet DMT-890 Page 2 to be completed by BFS)

FIELD NAME	INSTRUCTIONS
Division	(optional).
Profile Name (max 25 characters) Profile ID Number (max 6 char.) Type of Contract CARS Log Number Contract Period – beginning and end date	In the Excel workbook, the entry for these fields on DMT-890 Page 1 will be auto-filled here.
Has the funding split changed?	Indicate whether or not the funding percentages have changed.
BFS Approval Date	Approval to be completed by BFS accountant.
Budget Document Number	This field will be auto-filled from Operating Budget Form worksheet*.
Funding Table Detail	Required field. FMS coding to be provided by BFS accountant. If future project number is undetermined, put TBD in project field and list code string in this area. <u>Appn</u> : 3 digit FMS appropriation code <u>Funding Period (From/To)</u> : Format is MMDDYY. Dates identifying the beginning and ending date for each funding segment of the contract. <u>Center</u> : 10 digit FMS appropriation center (4 digit sublevel 1 & 2, 3 digit project, 3 digit Responsibility Area code) <u>Amount</u> : Amount for each funding segment of the contract.. <u>Comments / BFS Initials</u> : If needed, use for additional information. Initials of approving BFS accountant(s).
CARS Voucher Table Coding Detail	Used for payment lines on the CARS vouchers. <u>Appn</u> : 3 digit FMS appropriation code <u>Voucher Table Account</u> : Five digit code as identified on CARS FUNDING GUIDE . <u>Center</u> : 10 digit FMS appropriation center (4 digit sublevel 1 & 2, 3 digit project, 3 digit Responsibility Area code) <u>SL3</u> : Sublevel 3 coding. <u>Percent of all Funds</u> : Total funding percentage for each known appropriation/center code string. Do not list code strings where a part of the string is undetermined. <u>Comments / BFS Initials</u> : If needed, use for additional information. Initials of approving BFS accountant(s).

*The Excel version of the Operating Budget Form (DMT-115) is included in this release as Attachment 11.

STATE OF WISCONSIN
Contract Administration 4.0

[illegible]

DMT-891 (rev. 1/03)

LISTING OF EXPECTED CONTRACTS

[illegible]

(Issued 2/03)

Instructions for Completion of Form DMT-891

Listing of Expected Contracts (worksheet DMT-891 Page 1)

Worksheet DMT-891 Page 1 and Page 2, Listing of Expected Contracts, are to be completed by the contracting division.

FIELD NAME	INSTRUCTIONS
Contracting Division Type of Contract Program Name CARS Log Number Contracting Period Profile ID Number Profile Name	In the Excel workbook, the entry for these fields on DMT-890 Page 1 will be auto-filled here.
CARS Approval Date CARS Initials	Approval to be completed by BFS CARS staff
Agency Name	Completed by contracting division. Enter legal name of provider.
Agency Number (max 10 characters)	Completed by contracting division. Must be an approved vendor in FMS. If not in FMS, request vendor set-up through BFS Vendor Coordinator.
Agency Type (max 25 characters)	Completed by contracting division. Refer to agency type chart on CARS FUNDING GUIDE* . The year listed on the chart represents the calendar year that the contract expires.
New or Original Contract Amount (A)	Completed by contracting division. Total amount of contract for specific Profile ID. Enter whole dollar amounts.
Contract Change Amount (+-)(B)	Completed by contracting division. If a change is being made to the contract amount, indicate whether it is an increase (+) or a decrease (-). Enter whole dollar amounts.
Total Contract Amount (A +/- B)	Excel calculation based on column A plus/minus B.
Total from Page 1	Excel calculated
Totals from Page 2	Excel calculated
Grand Total	Excel calculated
Division Contact Telephone Number Date Prepared	In the Excel workbook, the entry for these fields on DMT-890 Page 1 will be auto-filled here.

Supplemental Listing of Expected Contracts (worksheet DMT-891 Page 2)

If additional lines are required, use worksheet DMT-891 Page 2.

Contract information at top of the form will be auto-filled from Page 1.

Listing of Expected Contracts (DMT-891-CO)

For convenience, this worksheet is pre-filled with county and board information.

*CARS Funding Guide is included as Attachment 12.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Management and Technology
DMT-891-CO (1/03)

STATE OF WISCONSIN
Contract Administration 4.0

LISTING OF EXPECTED CONTRACTS

Contracting Division					CARS Use Only	
<input type="checkbox"/> DCFS	<input type="checkbox"/> DMT	Type of Contract <input type="checkbox"/> New <input type="checkbox"/> Change of Time <input type="checkbox"/> Change of Amount	Program Name		CARS Log Number	
<input type="checkbox"/> DSL	<input type="checkbox"/> DOA				CARS Approval Date	
<input type="checkbox"/> DPH	<input type="checkbox"/> DHCF					
<input type="checkbox"/> OSF	<input type="checkbox"/> TCB					
Contract Period Beginning Date Ending Date		PROFILE ID Number		PROFILE Name		CARS Initials
Agency Name		Agency Number	Agency Type	New or Original Contract Amount (A)	Contract Change Amount (+ -) (B)	Total Contract Amount (A + OR - B)
ADAMS CO 51 BD		1	52			
ADAMS CO		1	54			
ASHLAND CO		2	54			
BARRON CO		3	54			
BAYFIELD CO		4	54			
BROWN CO		5	54			
BUFFALO CO		6	54			
BURNETT CO		7	54			
CALUMET CO		8	54			
CHIPPEWA CO		9	54			
CLARK CO 51 BD		10	52			
CLARK CO		10	54			
COLUMBIA CO		11	54			
CRAWFORD CO		12	54			
DANE CO		13	54			
DODGE CO		14	54			
DOOR CO COMM PROG		15	52			
DOOR CO		15	54			
DOUGLAS CO		16	54			
DUNN CO		17	54			
EAU CLAIRE CO		18	54			
FLORENCE CO		19	54			
FOND DU LAC CO 51 BD		20	52			
FOND DU LAC CO		20	54			
FOREST ONEIDA VILAS 51 BD		21	52			
FOREST CO		21	54			
GRANT IOWA 51 BD		22	52			
GRANT CO		22	54			
GREEN CO		23	54			
GREEN LAKE CO		24	54			
IOWA CO		25	54			
IRON CO		26	54			
JACKSON CO		27	54			
Totals From Page 1						
Totals From Page 2						
Totals From Page 3						
Grand Total						
Division Contact			Telephone Number		Date Prepared	

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

DMT-891-CO (1/03)

LISTING OF EXPECTED CONTRACTS

Page 2

Contract Period Beginning Date Ending Date		PROFILE ID Number	PROFILE Name			CARS Log number
Agency Name		Agency Number	Agency Type	New or Original Contract Amount (A)	Contract Change Amount (+ -) (B)	Total Contract Amount (A + OR - B)
JEFFERSON CO		28	54			
JUNEAU CO		29	54			
KENOSHA AGING		30	58			
KENOSHA CO		30	54			
KEWAUNEE CO		31	54			
LA CROSSE CO		32	54			
LAFAYETTE CO		33	54			
LANG/LINC/MARATHON 51 BD		34	52			
LANGLADE CO		34	54			
LINCOLN CO 51.437		35	53			
LINCOLN CO		35	54			
MANITOWOC CO		36	54			
MARATHON CO		37	54			
MARINETTE CO		38	54			
MARQUETTE CO		39	54			
MILWAUKEE DEPT ON AGING		40	58			
MILWAUKEE CO		40	54			
MONROE CO		41	54			
OCONTO CO		42	54			
ONEIDA CO		43	54			
OUTAGAMIE CO		44	54			
OZAUKEE CO 51 BD		45	52			
OZAUKEE CO		45	54			
PEPIN CO		46	54			
PIERCE CO		47	54			
POLK CO		48	54			
PORTAGE CO		49	54			
PRICE CO		50	54			
RACINE CO		51	54			
RICHLAND CO		52	54			
ROCK CO 51.437		53	53			
ROCK CO		53	54			
RUSK CO		54	54			
ST CROIX CO		55	54			
SAUK CO		56	54			
SAWYER CO		57	54			
SHAWANO 51 BD		58	52			
SHAWANO CO		58	54			
SHEBOYGAN CO		59	54			
TAYLOR CO		60	54			
TREMPEALEAU CO UNIFIED BD		61	52			
TREMPEALEAU CO		61	54			
VERNON CO		62	54			
VILAS CO		63	54			
WALWORTH CO		64	54			
WASHBURN CO		65	54			
WASHINGTON CO 51 BD		66	52			
WASHINGTON CO		66	54			
WAUKESHA CO		67	54			
WAUPACA CO		68	54			
		TOTALS				

LISTING OF EXPECTED CONTRACTS

Page 3

[illegible]

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

PROFILE ID REQUEST**STATE OF WISCONSIN**

Contract Administration 4.0

DMT-881 (Rev. 05/00)

A PROFILE ID Number will not be assigned until all information is provided.

INSTRUCTIONS: See Form DMT-881A

Will this PROFILE ID be included in any of the CARS Manuals (CARS Use Only) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If "yes", check those Manuals affected. <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Consolidated <input type="checkbox"/> Tribal </div>		Request Date		Action <input type="checkbox"/> New <input type="checkbox"/> Continue w/Change	
Division Responsible <input type="checkbox"/> DCFS <input type="checkbox"/> DSL <input type="checkbox"/> DPH <input type="checkbox"/> DHCF <input type="checkbox"/> DMT <input type="checkbox"/> OSF <input type="checkbox"/> DOA		Preparer Name		Telephone Number Room No.	
Division PROFILE ID Number Recommendation (Max of 6 Chars)		Complete PROFILE Name			
PROFILE Name (Max of 25 Chars)					
PROFILE Type (check one) <input type="checkbox"/> A. Cash Adjustment <input type="checkbox"/> F. Contract Controlled <input type="checkbox"/> D. Non-Reimbursable <input type="checkbox"/> G. Allocated to Another <input type="checkbox"/> E. Sum-Sufficient PROFILE G (Attach Flowchart)		Contract Type (check one) <input type="checkbox"/> 02 Social Service <input type="checkbox"/> 03 Other		Prepayment <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
				CARS USE ONLY 06/01/89	
Rolling and Allocating Expenses Expenses roll to/from another line? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", fill out boxes below. Expenses allocate to/from another line? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", fill out boxes below.				Reimbursable Percentage <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> . % </div>	
Expenses Roll TO this PROFILE ID from:			Expenses Allocate TO this PROFILE ID from:		
Expenses Roll FROM this PROFILE ID to:			Expenses Allocate FROM this PROFILE ID to:		
Reporting Instructions (to be Completed by Contracting Division)					

Limitations (to be Completed by Contracting Division)

FOR BFS USE ONLY

FEDERAL CATALOG NUMBER (BFS Program & Fed Acct)	PROFILE ID No. Assigned	Entered By:	Date Entered

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Management and Technology
DMT-881A (Rev. 05/00)

STATE OF WISCONSIN
Contract Administration 4.0

PROFILE ID REQUEST INSTRUCTIONS (DMT-881)

1. **REQUEST DATE** Enter date this form was prepared.
2. **ACTION** Check the box for the type of PROFILE ID Request. Changes other than PROFILE title must be approved by the Assistant Chief of the Processing Section. If this is a Pilot Program, attach a list of counties and any special instructions.
3. **DIVISION RESPONSIBLE** Check the box for your division or department.
4. **NAME OF PREPARER** Enter the name of the person preparing this form.
5. **TELEPHONE NUMBER** Enter the telephone number of the preparer of this form.
6. **ROOM NO.** Enter the room number of the preparer of this form.
7. **DIVISION PROFILE ID NUMBER RECOMMENDATION** Enter the requested PROFILE ID number. DO NOT EXCEED 6 DIGITS.
8. **COMPLETE PROFILE NAME** Enter the complete name of the CARS PROFILES.
9. **PROFILE NAME** Enter the name of the CARS PROFILE. DO NOT EXCEED 25 CHARACTERS, INCLUDING SPACES. This is the name which will appear on the CARS system and reports.
10. **PROFILE TYPE** Check the box describing PROFILE type. PROFILE Type G requires a flow chart.
11. **CONTRACT TYPE** Check the box describing the contract type.
12. **ROLLING AND ALLOCATING EXPENSES** Check yes or no, whether the PROFILE rolls and/or allocates to another line. If yes, fill in rolling and allocating PROFILE number(s) in the boxes below.
13. **REIMBURSEMENT PERCENTAGE** Enter the percent of reported costs reimbursable. Not greater than 100.000%.
14. **PREPAYMENTS** Circle the number of prepayments.
15. **EXPENSES ROLL TO THIS PROFILE ID FROM** Enter the Profile(s) whose reported costs, in excess of contract, roll TO this PROFILE. If there are none, mark "N/A" in this box.
16. **EXPENSES ALLOCATE TO THIS PROFILE ID FROM** Enter the Profile(s) to whose reported costs allocate TO this PROFILE. If there are none, mark "N/A" in this box.
17. **EXPENSES ROLL FROM THIS PROFILE ID TO** Enter the Profile(s) to which reported costs are allocated FROM this PROFILE. If there are none, mark "N/A" in this box.
18. **EXPENSES ALLOCATE FROM THIS PROFILE ID TO** Enter the Profile(s) to which reported costs are allocated FROM this PROFILE. If there are none, mark "N/A" in this box.
19. **REPORTING INSTRUCTIONS** Provide guidelines and information about how agencies/municipalities are to report expenditures and revenues. Also, describe the activities and services provided, and the cost policy used by the PROFILE.
20. **LIMITATIONS** Describe expenditure reporting and/or payment limitations not otherwise described for this PROFILE.
21. **DISTRIBUTION:** Submit Original to Division of Management and Technology, BFS – Aids Contract Preauditor

Contract Administration 4.0

(See Instructions on Page 2)

NOTE: Used for contract entry to CARS when data entry information is not in body of contract. For use when copy of contract is not provided to the CARS Unit for data entry preparation. For use with new or amended contracts. For new contracts, DO NOT put amounts in "Current Contract Level" or "Contract Change Amount" columns.

DISTRIBUTION: Submit to Division of Management and Technology, BFS – CARS Unit, Attention: Incoming Contract Basket

INSTRUCTIONS FOR COMPLETING DMT-882, CONTRACT SUMMARY

DIVISION	Check the box for the Contracting Division.
REFERENCE NUMBER	Enter the Contracting Division contract reference number.
AGENCY NUMBER	Enter the CARS agency number for the contracts on this form (Maximum 10 characters).
AGENCY NAME	Enter the name of the agency.
AGENCY TYPE	Enter the agency type code (Maximum 2 characters).
NAME OF PERSON COMPLETING FORM	Enter the name of the person preparing this form.
TELEPHONE NUMBER	Enter the telephone number of the preparer of this form.
CONTRACT START DATE	Enter the beginning date of the contract (mm/dd/ccyy).
CONTRACT END DATE	Enter the ending date of the contract (mm/dd/ccyy).
PROFILE ID NUMBER	Enter the CARD PROFILE ID (Maximum 6 characters).
CURRENT CONTRACT LEVEL	Complete this column (Column A) only if this is a change to an existing PROFILE contract level. Enter the amount of the current contract level. Use whole dollars.
CONTRACT CHANGE AMOUNT	Complete this column (Column B) only if this is a change to an existing PROFILE contract level. Enter the amount of increase or (decrease) to current level. Use whole dollars.
NEW CONTRACT LEVEL	Enter the total contract level for this PROFILE which will appear on the CARS system after this document is keyed. If this is a new PROFILE for an existing contract or a new contract, this will be the only column with an entry. If this is an amended level for a PROFILE, this column equals Column A plus Column B. Use whole dollars.
CONTRACT LOCATION	Enter the location where the original signed contract is filed. For example, room number or name of location.
SIGNATURE-AUTHORIZED DIVISION REPRESENTATIVE	Enter the authorized Division representative signature responsible for change in contract levels.
DATE SIGNED	Enter the date this form was signed.

CARS PROCESSING DATES

The following is a schedule of due dates for receipt of keying documents in the CARS Unit, anticipated CARS run dates, and expected mailing dates for checks to non-municipal and municipal vendors.

Agency Expense Report	Contract Pre-Payment Month	Keying Document Due Date	CARS Processing Date	Mail Slotting Date	Non-Municipal Mailing	Municipal Mailing
<u>**04/04</u>	<u>**07/04</u>	06/04/04	06/09/04	06/21/04	<u>**06/30/04</u>	07/02/04
05/04	08/04	07/02/04	07/08/04	07/20/04	07/30/04	08/04/04
06/04	09/04	08/05/04	08/09/04	08/20/04	08/31/04	09/03/04
07/04	10/04	09/03/04	09/09/04	09/21/04	09/30/04	10/04/04
08/04	11/04	10/05/04	10/11/04	10/21/04	10/29/04	11/04/04
09/04	12/04	11/05/04	11/09/04	11/22/04	11/30/04	12/03/04
*10/04	01/05	11/30/04	12/08/04	12/22/04	12/30/04	01/04/05
11/04	02/05	01/05/05	01/10/05	01/19/05	01/31/05	02/04/05
12/04	03/05	02/04/05	02/09/05	02/21/05	02/28/05	03/04/05
01/05	04/05	03/04/05	03/09/05	03/21/05	03/31/05	04/04/05
02/05	05/05	04/05/05	04/11/05	04/20/05	04/29/05	05/04/05
03/05	06/05	05/05/05	05/09/05	05/20/05	05/31/05	06/03/05
<u>**04/05</u>	07/05	06/03/05	06/09/05	06/21/05	<u>**06/30/05</u>	07/01/05
05/05	08/05	07/05/05	07/11/05	07/20/05	07/29/05	08/04/05
06/05	09/05	08/05/05	08/09/05	08/22/05	08/31/05	09/02/05
07/05	10/05	09/02/05	09/08/05	09/21/05	09/30/05	10/04/05

- * For January Pre-Payments, SIGNED SCHEDULES for the Consolidated State/County Contracts must be received in the CARS Unit on the FIRST working day of November.

For January Pre-Payments that are not part of the Consolidated State/County Contract, signed CONTRACTS or keying documents must be received in the CARS Unit on the LAST working day of November.

- * DHFS & DWD may have separate run dates to not jeopardize payments for either Dept.

- ** For April 2004 and 2005 expense and July 2004 and 2005 pre-payment, the checks will be mailed as soon as possible after the checks are received.

Updated: 8/13/04

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

DMT-115 (Rev. 2/03)

STATE OF WISCONSIN

FY	BUDGET Number					OPERATING BUDGET					Prepared By					Date				
	BD										Division / Institution Approval					Date				
Org. #	Organization Name										General Accounting Approval					Date				
											Pre-Audit Approval					Date				
Net Amount			Appropriation		Data Type 1	1 = NEW BUDGET			Debit / Credit Code * Debit = 00 (-) Credit = 40 (+)											
Line	Appn.	Account	Center			Amount	Debit / Credit Code*	Description					Cross Ref.	Error Message Code						
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
Name Entered By			Date Entered			Total This Page (Optional)								Page of						

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Management and Technology

DMT-115A (Rev. 2/03)

STATE OF WISCONSIN

FY	BUDGET Number
0	Page 2 of 0 BD
Org. #	Organization Name
0	0

OPERATING BUDGET
SUPPLEMENT

Prepared By	Date
0	1/0/00
Division/Institution Approval	Date
0	1/0/00
General Accounting Approval	Date

Net Amount	Debit/Credit Code	Pre-Audit Approval	Date
0	* Debit = 00 (-) Credit = 40 (+)		

Line	Appn.	Account	Center	Amount	Debit/ Credit Code *	Description	Cross Ref.	Error Message Code
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

Name Entered By	Date Entered	Total This Page (Optional)	Page of
0	1/0/00		

CARS FUNDING GUIDE

(Revised 1/17/2003)

Voucher Table Acct	FMS Expense Account Code	WISMART Object Code	WISMART Appr Unit	FMS Budget Account	CARS Agency Type*	Agency Classification
59200	57000	5700	6	75700A	see chart	Non-Profit
59200	51000	5100	6	75700A	see chart	Municipalities
59200	57000	5700	6	75700A	see chart	Tribes
59200	59200	5900	6	75700A	see chart	Other State Agency
57500	57500	5750	6	75700A	see chart	MA Benefits
27000	27000	2700	4	72700X	see chart	Contractual (St Ops) with non-profits or municipalities
27000	59000	5900	7	75900A	see chart	State Operations Appropriation with Other State Agencies

This worksheet should serve as a guideline.

- *CARS agency type changes with subsequent contract periods.
- FMS expense account codes 51000, 57000, 59200 & 57500 will go to appropriation unit 6.
- The CARS voucher table uses account code **59200** for 51000, 57000 & 59200.
- The CARS voucher table uses account code 27000 for State Ops appropriations & will convert to account code 59000 if another state agency is being paid.
- The type of agency being paid along with the FMS account code converts into the WISMART object code.

CARS AGENCY TYPE CHART – DHFS Types

AGENCY TYPE NAME	2001 Twelfth	2002 Thirteenth	2003 Fourteenth	2004 Fifteenth	2005 Sixteenth	2006 Seventeenth	2007 Eighteenth
All Other Municipalities	21	41	51	11	21	31	41
County 51 Board (42/437;42)	22	42	52	12	22	32	42
County 51.437 Boards	23	43	53	13	23	33	43
County DSS/HSD/CAA	24	44	54	14	24	34	44
County – Other, Ext, & DA's Other = Health Centers, etc in counties DA's = District Attorneys in counties Ext = Extension offices in counties	25	45	55	15	25	35	45
County – IM			56	16	26	36	46
Co Pub Health/Nursing Services	27	47	57	17	27	37	47
Co Aging Agencies	28	48	57	18	28	38	48
So Sheriff's Departments	29	49	59	19	29	39	49
Non-Municipalities	91	92	93	94	95	96	97
State Agencies	61	62	63	64	65	66	67
Tribes	71	72	73	74	75	76	77

NOTE: the year in the heading represents the year the contract expires